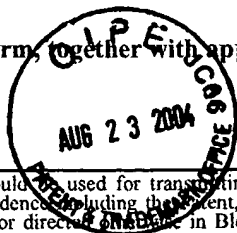


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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Commissioner for Patents
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Alexandria, Virginia 22313-1450
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06/30/2004

SCHIFF HARDIN LLP
PATENT DEPARTMENT
6600 SEARS TOWER
CHICAGO, IL 60606-6473

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Steven H. Noll	(Depositor's name)
<i>Steven H. Noll</i>	(Signature)
August 18, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/972,161	10/05/2001	Rainer Kuth	P01,0322	4953

TITLE OF INVENTION: MAGNETIC RESONANCE APPARATUS WITH SOUND INSULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHRIVASTAV, BRIJ B	2859	324-317000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Aktiengesellschaft

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent);

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4a. The following fee(s) are enclosed:

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8/18/04

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